AMENDED IN ASSEMBLY APRIL 5, 2010

CALIFORNIA LEGISLATURE—2009–10 REGULAR SESSION

ASSEMBLY BILL

No. 2456

Introduced by Assembly Member Torrico

February 19, 2010

An act to amend Sections—1797.103, 1797.107, 1797.103 and 1797.200 of the Health and Safety Code, relating to emergency medical services.

LEGISLATIVE COUNSEL'S DIGEST

AB 2456, as amended, Torrico. Emergency medical services: regulation.

Existing law, the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act, authorizes each county to designate an emergency medical services (*EMS*) agency, for the establishment and administration of an emergency medical services program in the county. Existing law also establishes the Emergency Medical Services Authority (*EMSA*), which, among other things, adopts regulations governing the provision of emergency medical services. Violation of these provisions is a crime.

This bill would specify that the guidelines of the authority shall include medical control, require local EMS agencies to adhere to the guidelines in all areas of administration, and model policies, procedures, and treatment protocols applicable to all emergency medical technician personnel, as defined, and the respective licensure and certification requirements, as specified. It would require the local EMS agencies to follow adhere to the guidelines—of developed by the authority when establishing local policies and procedures required by statute or regulation. The bill would provide that any additional policies,

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procedures, and treatment protocols implemented by a local EMS agency that are not in accordance with the EMSA guidelines are subject to approval by the Director of the EMSA and the Emergency Medical Services Commission, as specified, prior to implementation. By requiring that the local entities comply with these requirements, and by changing the definition of an existing crime, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that with regard to certain mandates no reimbursement is required by this act for a specified reason.

With regard to any other mandates, this bill would provide that, if the Commission on State Mandates determines that the bill contains costs so mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Vote: majority. Appropriation: no. Fiscal committee: ves. State-mandated local program: yes.

The people of the State of California do enact as follows:

- 1 SECTION 1. The Legislature finds and declares all of the 2 following:
- 3 (a) For the purpose of administering an effective, statewide
- system of coordinated emergency medical care and statewide
- recognition of certification and licensure for EMT emergency
- medical technician (EMT) personnel, the Emergency Medical Services Authority and the Emergency Medical Services
- Commission must provide guidance to the more than 32 local EMS
- 9 emergency medical services (EMS) agencies tasked with
- 10 implementing policies and procedures in all areas of prehospital
- EMS, including, but not limited to, local accreditation of optional 11
- 12 skills, competency tests, training programs, demonstration of skills
- 13 competency, and medical control in order to facilitate this vital 14
 - coordination and efficiency.
- (b) The current statewide EMS guidelines assist in achieving 15 system standardization, streamlining field operations, and 16
- 17 continuing the authority's commitment to comprehensive planning
- 18 for EMS statewide.

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(c) The statewide EMS guidelines must be strengthened in order to do all of the following:

- (1) Link the numerous local EMS agencies together into one coordinated statewide EMS system.
- (2) Ensure safety, competence, and consistency to the public statewide; consistent training, competence, and delivery of *prehospital* EMS statewide; one standard for all—EMS EMT certified and licensed personnel, regardless of where service is delivered; and that policies are driven by research and consensus rather than personality of local administrators and doctors.
- (3) Support the statewide mutual aid process by providing a set minimum level of service delivery as defined by the EMS community.
- (d) It is the intent of the Legislature to clarify the law with respect to the authority's ability to establish guidelines for the coordinated EMS delivery by the many essential *prehospital* EMS stakeholders of this state.
- SEC. 2. Section 1797.103 of the Health and Safety Code is amended to read:
 - 1797.103. (a) The authority shall develop planning and implementation guidelines for emergency medical services systems. Counties that establish a local EMS program pursuant to Section 1797.200 shall adhere to the guidelines in all areas of administration. The authority's EMS guidelines shall address all that address all of the following components:
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- 27 (1) Manpower and training.
- 28 (b)
- 29 (2) Communications.
- 30 (e)
- 31 (3) Transportation.
- 32 (d)
- 33 (4) Assessment of hospitals and critical care centers.
- 34 (e)
- 35 (5) System organization and management.
- 36 (f)
- 37 (6) Data collection and evaluation.
- 38 (g)
- 39 (7) Public information and education.
- 40 (h)

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1 (8) Medical disaster response.

2 (i) Medical control.

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- 3 (b) The guidelines shall also specifically include model policies, 4 procedures, and treatment protocols applicable to all EMT 5 personnel, as defined in Sections 1797.80, 1797.82, and 1797.84 6 and the respective licensure and certification requirements for all 7 of the following:
 - (1) Local accreditation.
 - (2) Competency-based written and skills examinations.
- 10 (3) Demonstration of skills competency.
- 11 (4) Medical control and the use of the optional skills.
- 12 (5) Approval of service providers utilizing approved optional skills.
 - (6) Additional training and maintenance of accreditation for optional skills.
 - (7) Continued competency in the optional skills, which is monitored through various methods, including organized field care audits, periodic training sessions, or structured clinical experience, remediation plans.
 - (8) Field internships.
 - (9) Preceptor evaluation criteria for trainees.
 - (10) Approval and evaluation of advanced EMT service providers.
 - (11) Replacing medical supplies and equipment used by limited advanced life support (LALS) personnel.
 - (12) Supply and replacement of controlled substances administered by LALS personnel.
 - SEC. 3. Section 1797.107 of the Health and Safety Code is amended to read:
 - 1797.107. (a) The authority shall adopt, amend, or repeal, after approval by the commission and in accordance with the provisions of Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, rules and regulations as may be reasonable and proper to carry out the purposes and intent of this division and to enable the authority to exercise the powers and perform the duties conferred upon it by this division not inconsistent with any statute of this state.
 - (b) The regulations shall include statewide EMS guidelines for the coordinated delivery of emergency medical services in this state.

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SEC. 4.

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SEC. 3. Section 1797.200 of the Health and Safety Code is amended to read:

1797.200. (a) Each county may develop an emergency medical services program. Each county developing such a program shall designate a local EMS agency which shall be the county health department, an agency established and operated by the county, an entity with which the county contracts for the purposes of local emergency medical services administration, or a joint powers agency created for the administration of emergency medical services by agreement between counties or cities and counties pursuant to the provisions of Chapter 5 (commencing with Section 6500) of Division 7 of Title 1 of the Government Code.

- (b) A local EMS agency designated pursuant to subdivision (a) shall-follow adhere to the guidelines-of developed by the authority pursuant to Section 1797.103 in establishing its policies and procedures required by statute or regulation.
- (c) Any additional policies, procedures, and treatment protocols implemented by a local EMS agency designated pursuant to subdivision (a) that are not in accordance with the authority's guidelines developed pursuant to Section 1797.103 are subject to approval by the Director of the Emergency Medical Services Authority and the Emergency Medical Services Commission prior to implementation. Approval by the director and the commission pursuant to this subdivision shall only be granted if the policies, procedures, and treatment protocols implemented by the local EMS agency further the purposes of this division.

SEC. 5.

- SEC. 4. No reimbursement is required by this act pursuant to Section 6 of Article XIIIB of the California Constitution for certain costs that may be incurred by a local agency or school district because, in that regard, this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIIIB of the California Constitution.
- However, if the Commission on State Mandates determines that this act contains other costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made

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- pursuant to Part 7 (commencing with Section 17500) of Division
 4 of Title 2 of the Government Code.